

Declaration

Applicant's Information

First Name(s): _____

Last Name: _____

Permanent Address

Country: _____

City: _____

Street & No.: _____

Postal Code: _____

Date of Birth: (mm/dd/yyyy) _____/_____/_____

Type of the Identification Document _____

Identification Document (Series/ No.) _____/_____

I certify, that I am the individual named above, the person mentioned in the application form and the signature below is my true signature. Furthermore, I confirm, that all data given in my application form are true and correct.

I declare, that I am the person taking the interview, a mandatory part of the admission procedure for Medicine in English programmes.

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DATE

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Applicant's Signature